



Gp #2674/4

PTO/SB/21 (modified)  
Approved for use through xx/xx/xx, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/632,196
		Filing Date	August 2, 2000
		First Named Inventor	Gerhard A. Schneider
		Group Art Unit Number	2674
		Examiner Name	Duc Q. Dinh
Total Number of Pages in This Submission	27*	Attorney Docket Number	4396

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DEC 12 2002

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Information Disclosure Statement & PTO-8A <input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment C and Response under 37CFR §1.111 [20] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

Technology Center 2600

REMARKS: \*Number of pages does not include cited references

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	James E. Glore, Reg. No. P-51,744	Dated: 12-5-02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	James E. Glore	Dated: 12-5-02
Express Mail Mailing Number (optional):		

19414/04396/DOCS/1305856.1



PTO/SB/17 (10-01)(modified)

OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002P/17 (modified)  
Rev. 10/2001 U.S. Department of Commerce  
Patent and Trademark Office

## FEE TRANSMITTAL

## TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$ 180.00)

## Complete if Known

Application Number	09/632,196
Filing Date	August 2, 2000
First Named Inventor	Gerhard A. Schneider
Group Art Unit	2674
Examiner Name	Duc Q. Dinh
Attorney Docket Number	4396

## METHOD OF PAYMENT

## FEE CALCULATION (continued)

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## 1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†
- ☐ Applicant claims small entity status See 37 CFR 1.27

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK &amp; WEST LLP

A Duplicate Copy of this authorization is attached

2. ☒ Payment Enclosed:☒ Check ☐ Credit Card ☐ Other

## FEE CALCULATION (fees effective 10/01/2001)

## 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$740	2001/\$370	Utility Filing	
1002/\$330	2002/\$165	Design Filing	
1004/\$740	2004/\$370	Reissue	
1005/\$160	2005/\$80	Provisional Filing	

SUBTOTAL (1) (\$ 0.00)

## 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$84	2201/\$42	Independent claims in excess of 3
1203/\$280	2202/\$140	Multiple dependent claim
1204/\$84	2204/\$42	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

## 3. ADDITIONAL FEES

## Large Entity

## Small Entity

Fee Code/Fee	Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or other	
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	
1812/\$2,520	1812/\$2,520	For filing a request for reexamination	
1251/\$110	2251/\$55	Extension for response within first month†	
1252/\$400	2252/\$200	Extension for response within second month†	
1253/\$920	2253/\$460	Extension for response within third month†	
1254/\$1,440	2254/\$720	Extension for response within fourth month†	
1255/\$1,960	2255/\$980	Extension for response within fifth month†	
1401/\$320	2401/\$160	Notice of Appeal	
1453/\$1,280	2453/\$640	Petition to revive unintentionally abandoned application	
1501/\$1,280	2501/\$640	Utility Issue Fee (Or Reissue)	
1502/\$460	2502/\$230	Design Issue Fee	
1460/\$130	1460/\$130	Petitions to the Commissioner	
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	180
1801/\$740	2801/\$370	Request for Continued Examination (RCE)	
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	
1809/\$740	2809/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810/\$740	2810/\$370	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) (\$ 180.00)

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**			
TOTAL		20 or 0	=		x		
INDEP		3 or 0	=		x		
[ ] First presentation of multiple dependent claim							

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$ 0.00)

## SUBMITTED BY

Typed or Printed Name

James E. Glore

## Complete (if applicable)

Reg. Number

P-51,744

Signature

Date

12-5-02

19414/04396/DOCS/1305858.1

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby